



Bureau of Alcoholic Beverages  
**Division of Liquor Licensing & Enforcement**  
164 State House Station  
Augusta, ME 04330-0164  
Tel: (207) 624-7220 Fax: (207) 387-3424

**NOTICE**

To avoid any delay in the processing of your application and issuance of your liquor license, please make sure that:

1. You completed the application in full.
2. Application is signed by the owner (s), Corporate Officer
3. The license fee is correct and you have included the \$10.00 filing fee.
4. A diagram of the premises to be licensed accompanies the application. (For new applications only)
5. If business is located in an unorganized township. The application must be approved by the County Commissioners and the \$10.00 filing fee paid to them.
6. Limited Liability Companies, Limited Partnerships and Corporations must complete and submit the Supplemental Information for Business Entities.
7. If not a publicly traded entity, ownership must add up to 100%.



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Present License Expires \_\_\_\_\_

**BUREAU USE ONLY**

**LICENSE # ASSIGNED:**

**Class:**

**Deposit Date:**

**Amt. Deposited:**

- ☐ Off-Premise Retailer – Malt Liquor ..... \$200.00  
☐ Off-Premise Retailer – Table Wine ..... \$200.00  
☐ Filing Fee ..... \$ 10.00

**NOTE:** if the place of business is located in an unincorporated place, the County Commissioners must approve the application. All such applications shall be accompanied by receipt of payment of the \$10.00 filing fee to the County Treasurer.

**Check Payable: Treasurer State of Maine**

**ALL QUESTIONS MUST BE ANSWERED IN FULL**

<b>1. APPLICANT(S)</b> –(Sole Proprietor, Corporation, Limited Liability Co., etc.)	<b>2. Business Name (D/B/A)</b>
<b>DOB:</b>	
<b>DOB:</b>	
<b>DOB:</b>	<b>Location (Street Address)</b>
<b>Address</b>	<b>City/Town State Zip Code</b>
	<b>Mailing Address</b>
<b>City/Town State Zip Code</b>	<b>City/Town State Zip Code</b>
<b>Telephone Number Fax Number</b>	<b>Business Telephone Number Fax Number</b>
<b>Federal I.D. #</b>	<b>Seller Certificate #</b>

3. List of Wholesale Value and Types of Merchandise in inventory: **(Must be answered)**

Edible Foods \$ \_\_\_\_\_ Tobacco Products \$ \_\_\_\_\_ Paper Goods \$ \_\_\_\_\_

Greeting Cards, Magazines, Newspapers \$ \_\_\_\_\_ Total of all other merchandise in inventory \$ \_\_\_\_\_

4. Is applicant a Corporation, Limited Liability Co. or Limited Partnership: Yes ڦ No ڦ (If **Yes** complete Corporate Questionnaire)

5. If manager is to be hired give name\_\_\_\_\_

6. If business is NEW indicate opening date: \_\_\_\_\_ Business Hours: \_\_\_\_\_

7. Is/Are applicant(s) citizens of the United States? Yes ☐ No ☐

8. Is/Are applicant(s) residents of the State of Maine? Yes ☐ No ☐

9. List name, date of birth, place of birth for all applicants and managers. Give maiden name, if married:

Name in Full ( <i>Print Clearly</i> )	DOB	Place of Birth

Residence address on all of the above for previous 5 years (Limit answer to city & state)

Use a separate sheet of paper if necessary.

10. Has applicant(s) or manager(s) ever been convicted of any violation of the law, other than minor traffic violations of any State of the United States? Yes ☐ No ☐

Name: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

Offense: \_\_\_\_\_ Location: \_\_\_\_\_

Disposition: \_\_\_\_\_

11. Will any law enforcement official benefit financially either directly or indirectly in our license, if issued?

Yes ☐ No ☐ If **Yes**, give name: \_\_\_\_\_

12. Has applicant(s) formerly held a Maine liquor license? Yes ☐ No ☐

13. Do applicant(s) own the premises? Yes ☐ No ☐ If **No**, give name and address of owner: \_\_\_\_\_

14. Describe in detail where liquor will be stored: (Supplemental On/Off Premise Diagram Required)\_\_\_\_\_

15. Have you received any assistance financially or otherwise (including any mortgages) from any source other than yourself in the establishment of your business? Yes ☐ No ☐ If **Yes**, give details:

16. Does any other person have any interest directly or indirectly in your business? Yes ☐ No ☐ If **Yes**, give details:

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PAYMENTS TO THE DIVISION OF LIQUOR LICENSING & ENFORCEMENT BY CHECK SUBJECT TO  
PENALTY PROVIDED BY SECTION 3 OF TITLE 28A, MAINE REVISED STATUTES

**NOTE:** "I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D offense under the Criminal Code, punishable by confinement of up to one year or by monetary fine of up to \$500.00 or by both."

Dated at: \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_  
City/Town Date Year

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature(s) of Applicant(s) or Corporate Officer(s)

\_\_\_\_\_  
Print Name of Applicant(s) or Corporate Officer(s)